

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST  
AMENDMENT

AFTER 2ND  
AMENDMENT

|    | IND | DEP | IND | DEP | IND | DEP |
|----|-----|-----|-----|-----|-----|-----|
| 1  | 1   |     |     |     |     |     |
| 2  |     | 1   |     |     |     |     |
| 3  |     |     | 1   |     |     |     |
| 4  |     |     |     | 1   |     |     |
| 5  |     |     |     |     | 1   |     |
| 6  |     |     |     |     |     | 1   |
| 7  |     |     |     |     |     |     |
| 8  |     |     |     |     |     |     |
| 9  |     |     |     |     |     |     |
| 10 |     |     |     |     |     |     |
| 11 | i   |     |     |     |     |     |
| 12 |     |     |     |     |     |     |
| 13 |     |     |     |     |     |     |
| 14 |     |     |     |     |     |     |
| 15 |     |     |     |     |     |     |
| 16 |     |     |     |     |     |     |
| 17 |     |     |     |     |     |     |
| 18 |     |     |     |     |     |     |
| 19 |     |     |     |     |     |     |
| 20 |     |     |     |     |     |     |
| 21 |     |     |     |     |     |     |
| 22 |     |     |     |     |     |     |
| 23 |     |     |     |     |     |     |
| 24 |     |     |     |     |     |     |
| 25 |     |     |     |     |     |     |
| 26 |     |     |     |     |     |     |
| 27 |     |     |     |     |     |     |
| 28 |     |     |     |     |     |     |
| 29 |     |     |     |     |     |     |
| 30 |     |     |     |     |     |     |
| 31 |     |     |     |     |     |     |
| 32 |     |     |     |     |     |     |
| 33 |     |     |     |     |     |     |
| 34 |     |     |     |     |     |     |
| 35 |     |     |     |     |     |     |
| 36 |     |     |     |     |     |     |
| 37 |     |     |     |     |     |     |
| 38 |     |     |     |     |     |     |
| 39 |     |     |     |     |     |     |
| 40 |     |     |     |     |     |     |
| 41 |     |     |     |     |     |     |
| 42 |     |     |     |     |     |     |
| 43 |     |     |     |     |     |     |
| 44 |     |     |     |     |     |     |
| 45 |     |     |     |     |     |     |
| 46 |     |     |     |     |     |     |
| 47 |     |     |     |     |     |     |
| 48 |     |     |     |     |     |     |
| 49 |     |     |     |     |     |     |
| 50 |     |     |     |     |     |     |

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

